



# Division of Fisheries & Wildlife

**MassWildlife**

Wayne F. MacCallum, *Director*

## APPLICATION FOR PERMIT TO IMPORT CERTAIN FISH AND WILDLIFE

**FEE: \$25.00**

This application must be filed at least ten (10) days in advance of the desired date of importation, except in the case of fish, it must be fifteen (15) days in advance. There is a fee of \$25.00 for each separate shipment.

**NOTE:** In accordance with Section 19A, Chapter 131 of the Massachusetts General Laws, a certificate of health or other evidence signed by a person qualified to diagnose fish and wildlife diseases stating that the fish or wildlife to be imported is free of infectious disease and parasites must accompany this application. Game birds must be pullorum tested within the preceding six (6) months or come from pullorum-tested parent stock tested within one (1) year and found free of pullorum. **A recent pullorum test certificate must accompany this application.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby make application to import into the Commonwealth of Massachusetts in accordance with the provisions of Sections 19 and 19A of Chapter 131 of the M.G.L.; the following (attach supplemental sheets if additional space is required.)

_____	_____
Species of fish or wildlife	Number

From whom will the above stock be obtained? \_\_\_\_\_

\_\_\_\_\_

Purpose of Importation: \_\_\_\_\_ date(s) of entry: \_\_\_\_\_

[www.masswildlife.org](http://www.masswildlife.org)

### Division of Fisheries and Wildlife

251 Causeway Street, Suite 400, Boston, MA 02114  
*An Agency of the Department of Fish and Game*

(617) 626-1575 Fax: (617) 626-1517

**Note:** If you are a dealer required to be licensed under both clause 4, Section 23 of Chapter 131 and Section 39A of Chapter 129, you are required to show evidence that you have secured a licensed buyer to purchase certain animals. Please provide buyer information below:

Name of Buyer: \_\_\_\_\_

License Class of Buyer: \_\_\_\_\_ Buyer's License # \_\_\_\_\_.

Make sure certificate of health and the correct fee are enclosed. Make checks payable to the Commonwealth of Massachusetts. DO NOT SEND CASH. Failure to follow directions will slow or delay processing of this application.

I certify that the information provided above is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant